

Attachment 8 - Cost Proposal

	Expected # of hours		Expected Prevailing Rate		
Type of Journeyman	Regular	OT	Hourly Rate \$	OT \$	Total
Total labor cost					

Total Material/Product	\$
Freight Charge, if any (inside delivery required)	\$
Tax	\$
Total Materials Cost	\$

Vendor Signature_____
Date_____
Printed Name_____
Title

Company: _____ Contact: _____

Phone: _____ E-mail: _____

State of California Contractor License number (required): _____